



Tennessee Department of Children's Services

## Parent Engagement and Support Work Aid

Supplemental to DCS Policy: 31.8, Parent/Caregiver Engagement and Support

All connections made and concerted efforts attempted with and for parent(s)/caregiver(s) are to be documented. Suggestions below are examples of how concerted efforts can be achieved while engaging parent(s)/caregiver(s).

### Worker Contacts

- The worker must make repeated efforts to locate and engage parent(s)/caregiver(s) after failed contacts, increasing attempts and changing strategies until successful. Suggestions for tasks to meet these efforts can be found in the [Diligent Search Manual](#) and DCS Policy [14.5, CPS: Locating the Child and Family](#).
- Accommodate the parent(s)/caregiver(s) schedule and specific needs and engage them in decision making. When accommodation cannot be made all concerted efforts are to be documented.
- Contact with the parent(s)/caregiver(s) must occur frequently enough to monitor their progress occurring at a minimum once monthly unless there is a court order releasing the Department of reasonable efforts to make such contact or if the child is in full guardianship.
- The worker should plan and prepare prior to the visit ensuring a clear purpose and agenda, addressing current and new issues/concerns and accounting for worker safety considerations
- Contact must include discussions about the progress the parent(s)/caregiver(s) has made on goals and any needs the parent(s)/caregiver(s) may have.
- Contact must include a discussion about the effectiveness of services and any barriers to the services the parent is receiving.
- Contact must be of a length and location to promote open, confidential, and thorough conversations.
- Each visit should build from the prior visit, following up on what was discussed at the last visit and helping to identifying barriers and working through them with the parent(s).
- All worker- parent(s)/caregiver(s) contacts must be recorded in TFACTS under case recordings in a monthly summary with the exception that all face-to-face contact is to be recorded separately.

### Engagement

- Staff should see themselves in partnership with the family, instead of dictating what needs to be done.

Effective Date: 11/17

Supersedes: None

Supplemental to: DCS Policy 31.8

SW22

## **Subject: Parent Engagement and Support Work Aid**

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- Staff should ask the parent(s)/caregiver(s) their understanding of the agency's involvement and clarify any misconceptions.
- Engagement is critical for fathers and non-custodial parents and they should be invited to all Child and Family Team Meetings, court hearings, face to face contact and home visits, and must be kept informed of the child's safety, permanency, and well-being.
- Staff should use thoughtful listening and reflection to begin and develop a helping relationship.
- Staff will openly share expectations and required time frames and information about work with DCS.
- Actively working with parent(s) / caregiver(s) to stabilize their family with transportation, child care, and home care support services.
- Parent(s) / caregiver(s) are helped to explore their connection between past experiences/trauma and current functioning.
- Parent(s) /caregiver(s) will help the team identify service interventions to address specific challenges and assist them in stabilizing their families.
- Caseworker informally assesses through observations during the visit (mood of parent/caregiver; interactions; change in behavior from parent(s)/caregiver(s) and children).
- Staff should ask for input from parent(s)/caregiver(s) why they are not following the case plan or not completing tasks or services on the plan. Collaboratively problem-solve around these barriers. Some helpful questions to ask could be:
  - What is working well?
  - What are your worries?
  - What needs to happen to complete this step on your plan?
  - How can we help you move forward?
- Staff encourages the parent(s)/caregiver(s) to complete assessment(s) or engage in the treatment process.
- Staff will review case documents, service plans and related data obtained since the last visit with the family to ensure goals are being worked and/or achieved and that expectations remain clear.

### **Support**

- Understanding that the parent(s)/ caregiver(s) effort as well as their achievement and progress of a goal should be recognized and acknowledged.
- Improving skills and strategies: coping skills, improve communication and decision making, and the importance of self-care.
- Parent(s) / caregiver(s) are helped to build positive formal and informal social support networks.
- Share and explain assessment results and identify services that will increase the parent(s) / caregiver(s) knowledge and skills to meet personal needs and those of their children and family.
- Connect the parent/caregiver to trauma-informed services.

**Effective Date: 11/17**

**Supersedes: None**

**Supplemental to: DCS Policy 31.8  
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- Services for parent(s)/caregiver(s) will be provided at the level of intensity necessary to effectively improve concerns and will be congruent with assessment recommendations.
- When parent(s)/caregiver(s) require services for mental health, substance abuse, or domestic violence issues, specialized services aligned with these needs will be provided.
- Discuss with parent(s)/caregiver(s) observations made which reflect improvement in communication or parents skills.
- Reaching out to parent(s)/caregiver(s) through various mediums (text, email, phone) sharing friendly reminders of meetings or other appointments.
- Workers will support parent(s)/caregiver(s) by assisting them with transportation, scheduling appointments, and advocate to meet their needs.

### **Collaboration**

- Provide parent(s) / caregiver(s) choices when possible.
- Setting goals that are mutually agreed upon but primarily generated by the parent(s) / caregiver(s).
- Provide parent(s) / caregiver(s) the opportunity to define the problem and need from their perspective.
- Caseworkers will assess the quality of services provided through follow-up with providers, observation of changes in the parent(s)/caregiver(s) functioning, conversations with and informal assessments by team members, and through discussions with the parent(s)/caregiver(s) at all face-to-face visits.